

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			Arizona Territorial Board of Health		78
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH		233
COUNTY	Yuma		TERRITORIAL INDEX NO.	63	
DISTRICT	Wenden		COUNTY REGISTERED NO.	40	
TOWN OR CITY	Salome		ST. LOCAL REGISTRAR'S NO.	40	
FULL NAME <u>X Mary Ware Love Bedford</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)					
PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR or RACE	MARRIAGE	DATE OF DEATH		
Female	White	Single	X July 10 1915		
	Black	Married	(Month) (Day) (Year)		
	Mexican	Widowed			
		or Divorced			
DATE OF BIRTH			I hereby certify that I attended deceased from		
X May 21 1867			191 to X July 10 1915; that I last saw her alive		
(Month) (Day) (Year)			on July 10, 1915 and that death occurred on the date		
AGE			stated above at		
X 73 yrs 1 mos 19 days			M. The DISEASE or INJURY causing Death		
If less than 1 day, hrs., or min.			was as follows: X Unknown		
OCCUPATION			Every time, Cause and		
(a) Trade, profession or particular kind of work			nature of Death Unknown		
X Housewife			(Duration) yrs. mos. days		
(b) General nature of industry, business, or establishment in which employed (or employer)			Was disease contracted in Arizona?		
BIRTHPLACE			If not, where?		
(State or country) X Missouri			CONTRIBUTORY		
NAME OF FATHER			(Duration) yrs. mos. days		
X Love			(Signed) X E. W. Bedford		
BIRTHPLACE OF FATHER			July 16, 1915 (Address) Salome		
(State or country) X Unknown			*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
MAIDEN NAME OF MOTHER			LENGTH OF RESIDENCE		
X Unknown			At place of death yrs. 3 mos. 6 ds. In Arizona yrs. 3 mos. 6 ds.		
BIRTHPLACE OF MOTHER			Former or Usual Residence X Texas		
(State or country) X Unknown			Filed July 16th 1915 J. W. Pritchard		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			County Registrar		
(Informant) X E. W. Bedford			Filed Aug 5 - 1915 E. B. Thoe		
(Address) X Salome			County Registrar		
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL OR REMOVAL		
Salome, Ariz			July 10 1915		
UNDERTAKER			ADDRESS		